

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 396

Primary Registration District No. 4233

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Buckner
(c) Name of hospital or institution: Main St. Buckner Mo.
(d) Length of stay: In hospital or institution all of his life
In this community all of his life

3. (a) PRINT FULL NAME Thomas Porter Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 078-05-1120

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie Lee Johnson 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Nov. 28 1887

8. AGE: Years 65 Months 1 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Jackson County Mo.

10. Usual occupation Farmer Watchman

11. Industry or business _____
12. Name Larkin Johnson
13. Birthplace Jackson County Mo.
14. Maiden name Elizabeth Dillingham
15. Birthplace Jackson County Mo.

16. (a) Informant Ma Carrie Lee Johnson
(b) Address Buckner Missouri

17. (a) Burial (b) Date thereof 1-2-1942
(c) Place: burial or cremation Jackson County Mo.

18. (a) Signature of funeral director W. Mitchell
(b) Address Independence Mo.

19. (a) 1-2-1942 (b) John W. Robertson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Buckner
(d) Street No. Main St. Buckner Mo.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage in brain

Due to Hypertension

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. W. Higgins (M. D. or other) 190
Address Buckner Mo. Date signed 1/1/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

R. B. Mitchell

Licensed Embalmer No.....

464

P. O. Address.....

Independence Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.